

Kentucky

UNIFORM APPLICATION FY 2007 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 08/20/2007 - Expires 08/31/2008

(generated on 12-4-2007 8.28.38 AM)

Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

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Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Adult - Report Summary of Areas which the State Identified in the Prior FY's Approved Plan as Needing Improvement

1. Continue and Expand Interagency Collaboration (initiatives) Related to Supported Employment

Adult branch staff continues to participate in the inter-departmental Supported Employment workgroup. A work plan has been devised to address further collaboration with stakeholders, development of a more formal long-range plan, selection of a pilot Supported Employment site that will strive for fidelity with the SAMHSA Toolkit, and statewide training and consultation.

2. Reestablish the HB 843 Housing Workgroup with Goal of Developing a Five Year Plan for Supported Housing

The original HB 843 Housing Workgroup was not reestablished during SFY2007 however several planning meetings have been convened with Kentucky Housing Corporation to discuss strategy for increasing permanent supportive housing options. Regional Boards' housing staff will meet with Department staff early in SFY 2008 to assess current needs for training and technical assistance.

3. Finalize standards for the Peer Specialist Certification and provide training to consumers

During SFY 2007, a regulation defining Peer Support and Kentucky Peer Specialist Training was developed. This regulation was filed with the Legislative Research Commission (LRC) on August 10, 2007. Approximately 35 participants attended two Peer Specialist training events held during the fiscal year. Twenty-eight (28) participants passed the exam and graduated as Kentucky Peer Specialists.

4. Establish an Internal Committee to Review Case Management Standards, Certification, and Training Curriculum. Attend National Training Conferences and Visit Other States to Look at Best Practice Models. Develop a Plan for Case Management Level II Training

A Case Management Advisory Committee, comprised of Department staff and other stakeholders, has reviewed changes to the Case Management Certification process (moving to on-line training plus one day of face-to-face training) and suggested topics for advanced training for veteran case managers.

5. Review and Research Family Psycho-Education Best Practices in the State And Disseminate Information to DMHMRS Staff and Regional Boards (CSP Meetings). Develop a Plan for Training of Therapeutic Rehabilitation Program Directors

Community Support Program directors have been surveyed as to the extent of this practice. Several copies of Dr. William R. McFarlane's book "Multifamily Groups in the Treatment of Severe Psychiatric Disorders" have been ordered with the goal of better orienting CMHC staff to the SAMHSA Toolkit approach. In most communities, local NAMI affiliates are conducting Family-to-Family training sessions in partnership with community mental health centers. This has been the prevalent method for conducting family

psycho-education.

6. Continue To Work on Co-Occurring Disorder Initiatives Including Training And Serving on Department Workgroup

The Co-Occurring Advisory Council completed their work in December 2006 and presented recommendations to the Commissioner of the Department in January 2007. Recommendations were made in a number of core areas including:

- Blended, single source of funding
- Communication processes
- Core competencies and cross-training
- Effective screening of co-occurring disorders

Staff from the adult mental health services branch served on this workgroup during the year and will continue to work with the Division's Co-Occurring Disorders Specialist to implement recommendations.

7. Research the Role, Definition and Benefits of Illness Self Management to a Recovery Oriented System

Two Regional Boards have transformed existing programs into Illness Management and Recovery (IMR) programs. Four Rivers Behavioral Health has adopted the IMR approach in its Therapeutic Rehabilitation programs. Comprehend, Inc. has received a planning grant from the Cincinnati Health Foundation to study the incorporation of IMR into existing community support programs.

8. Replicate the Emergency Services/Systems Mapping Process at the Regional Level

Although none of the regions have replicated the systems mapping process at the local Level, they all have completed plans for implementation of an initiative called DIVERTS (Direct Intervention: Vital Early Responsive Treatment System) in their respective regions. Additionally they have submitted their annual reports to the HB 843 Commission which are to discuss needs and barriers in their respective regions. These two documents address many of the same issues as those identified in the systems mapping process.

9. Implement the Next Phase of the Adult Outcome Initiative that will Measure Consumer Satisfaction and Clinical Outcomes

Through the Quality Management Outcomes Team (QMOT), the adult outcome initiative made steady progress in SFY 2007. The same 28-item MHSIP Satisfaction Survey for adults will now be implemented across all 14 Regions. Additional questions will be added to the survey to meet National Outcome Measure requirements set by SAMHSA (e.g. social connectedness, functioning). New functioning questions added to the MHSIP survey will be used in lieu of the Multnomah Community Ability Scale (MCAS) that was used by the Regional MH/MR Boards for several years but is now an optional outcome measure. The Brief Psychiatric Rating Scale (BPRS) is still being used in all adult crisis stabilization programs to measure symptom reduction.

QMOT meets quarterly under the direction of the Division Director of the Division of Mental Health and Substance Abuse. One of the goals for the next fiscal year will be to evaluate the implementation of a combined scale using palm pilot technology that children's services is using to assess outcomes for a subset of children with SED receiving IMPACT services. This methodology will potentially be used in the adult services area if deemed financially feasible. Another goal will be to introduce a consistent sampling methodology across all 14 Regions for implementation of the MHSIP satisfaction survey. Consultation has been solicited from the NASMHPD Research Institute (NRI).

10. Continue to Transition Long-Term Residents of State Psychiatric Hospitals to The Community Using Available Wraparound Funding

A number of activities have taken place during SFY 2007 to transition residents to the community including:

- State General Fund Dollars remain available to the State Hospital to move persons from the psychiatric hospital to the community.
- Transition teams continue to meet to discuss community placement and priorities. Individualized transition plans are developed.
- One region is expanding the use of Peer Specialists to work with persons in transition and other regions are looking at funding for this purpose.
- There has been a reduction in the number of long term residents of state hospitals since this program began.
- A meeting has occurred with the hospitals and community mental health center staff to foster collaboration, increase information sharing and promote exchange of best/promising practices in this area has been held.

11. Explore Alternative, Cost Effective Methods for Administering the Community Medications Support Program

KDMHMRS employed two pharmacists during state fiscal year 2007. Goals identified for the pharmacists were to assist CMSP program staff in evaluating the CMSP program, to provide technical assistance and provide recommendations regarding oversight of the program. CMSP program staff, along with the pharmacists, began visiting several of the Regional programs during the year and met with Regional CMSP coordinators. Department staff provided technical assistance to the Regional coordinators and has compiled a list of recommendations from those visits designed to better manage the overall program on a statewide basis.

CMSP program staff are researching and evaluating various medication management software packages that can be used on a statewide basis to collect data as it relates to the Community Medications Support Program. This data will allow staff to gain a better understanding of which areas of the program are being utilized and what aspects of the program need improvement.

Since the inception of Medicare Part D several regions have reported less samples being available from the pharmaceutical companies. In addition, regions are noticing a decrease in utilization to the overall program due to Medicare Part D coverage so some of the Regions have been able to expand the financial criteria and provide assistance to

those who do not qualify for Medicare and have no other payer source for medications.

12. Promote Best Practices as a Standard For Service Delivery

The Department recognizes the importance of promoting the adoption of best practices throughout the public mental health system. During SFY 2007 Division of Mental Health and Substance Abuse staff have continued the implementation of an NIMH/SAMHSA funded Evidence Based Practice planning grant. This grant allowed the conducting of two case studies of implementation: one for medication algorithms and one for integrated treatment for dual disorders (mental health and substance abuse). Also, during the spring of SFY 2007, the EBP Advisory Group met during a retreat and developed recommendations for the Department related to implementation of evidence-based mental health practices. It was recommended that peer support and integrated treatment be priorities for the Department in SFY 2008 as well as the development of a “singularly focused program, through a collaborative partnership with consumers and family members, for best practices implementation of supervision, training, and coaching that is appropriately funded.”

Kentucky

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Adult – Significant Events That Impacted the Mental Health System in SFY 2007

Recovery Initiatives (Consumer Involvement)

Kentucky has prioritized recovery initiatives as a high priority in its effort to transform the public mental health system. Toward this end, the following activities have been undertaken in state fiscal year 2007 (July 1, 2006 – June 30, 2007):

- Since 2003, the Department has supported ***“Leadership Academy”*** training for adults with severe mental illnesses (SMI). Topics for this training have included etiquette of consumer involvement, identifying critical issues, gathering information and making presentations, conducting meetings and forming advocacy organizations. With the support of CONTAC in West Virginia and Department staff six Level I and Level II training events have been held and over 150 consumers have graduated from the training. During SFY 07, 46 consumers were trained through two Regional MH/MR Board sponsored training events.
- Under the direction of the Consumer Liaison, the Department supports the ***Mental Health Consumer Advisory Committee***. The Consumer Advisory Committee provides a forum for consumers and the Department to exchange information and to talk about issues of interest. The Committee convened twice during SFY 2007, with an average attendance of 59 consumers, family members and mental health professionals. Meeting topics included housing supports, evidence-based practices, the Recovery Mall at Eastern State Hospital, and legislative, Departmental and other state agency updates.
- The Department has been actively promoting the use of ***peer support specialists*** in the public mental health system since early 2006. A peer specialist training curriculum and week long training program to train, test, and certify Peer Specialists has been developed. The thirty-hour training is provided almost entirely by peers. During SFY 2007 two trainings were held at which 35 participants were trained with 28 passing the exam. This brings to 57 the number of individuals who have passed the peer support exam. The Department has also developed and filed a regulation defining Peer Support and Kentucky Peer Specialist training as well as worked with the Department of Medicaid Services to include peer support as a Medicaid billable service.
- A consumer-directed organization, Kentucky Consumer Advocacy Network (KY CAN), provides ***recovery-oriented peer reviews*** of regional Community Support Programs. During this past fiscal year, three peer reviews were conducted at NorthKey Community Care, the Pennyroyal Center and Communicare. Common recommendations included the need for more affordable housing, better transportation options, awareness of psychiatric advance directives and case management wraparound funds, and additional case management services.

Please see the Department web site for additional information about consumer services at: <http://mhmr.ky.gov/mhsas/Consumer.asp>.

Kentucky Jail Mental Health Crisis Network

The Kentucky Jail Mental Health Crisis Network (KJMHCN) continues to be successful in reducing suicides in Kentucky Jails. According to Department of Corrections statistics, suicides have been reduced by more than 80 percent since the implementation of this program in 2004. Current statistical reports indicate that the triage system handled 11,526 calls during SFY 07. In 74% of these calls, the inmate displayed at least one symptom of mental illness. The clinical breakdown of these calls is as follows:

Depression	42%
Mania	24%
Psychosis	7%
Personality Disorders	44%
Other symptoms of mental illness	44%

In 13% of these calls, the inmate had been discharged from the state hospital within the past 6 months of their arrest. Forty one percent of the calls indicated that the inmate needed a face to face evaluation by a qualified mental health professional.

State Hospital Admissions and Re-Admissions

As in other states, the continuing trend for closure of psychiatric units within community hospitals is affecting (increasing) admission rates in Kentucky's state hospitals. This increase in admissions has been particularly acute at Western State Hospital which serves a large catchment area in the western part of the state. During SFY 07 the four CMHCs in that part of the state submitted a proposal to divert individuals from hospital admissions at the time that Western State Hospital intended to open a new unit. The estimated \$2 million budget was then used to fund new community services designed to lower the admission rate from the catchment area counties that the four CMHCs are responsible for. This project, called Direct Intervention: Vital Early Responsive Treatment System or "DIVERTS", has shown some success. It is contemplated that an additional project (DIVERTS II) will be instituted in the other hospital regions of the state in SFY 2008.

Emergency Services

A number of efforts have been initiated by Division staff to further define and set standards for a comprehensive, seamless array of emergency services. These efforts include:

- Revising plan and budget documents related to emergency services in order to align funding with the ideal array;
- Cataloging crisis / emergency services data collection practices at the Regional Board level to better inform planning efforts at the state level;

- Developing common definitions and standards for the each type of emergency service; and
- Convening Regional emergency services staff on a regular basis (e.g. crisis stabilization program directors) to build support for a more seamless system of care that can be expected to serve any individual who presents with a behavioral health crisis.

As a section of the Regional Planning Councils annual reports, each Region was requested to answer questions regarding their array of Emergency Services. All fourteen Regions were also requested to address core issues in their regional reports. These common, core issues included:

- Changes to state psychiatric hospital services;
- Closure of psychiatric hospital beds;
- Patients in emergency rooms (ERs) of hospitals without psychiatric beds;
- Crisis stabilization services for adults and children;
- Impact of DIVERTS project; and

Preparation for CIT Training in the Region

Best Practices

The Department recognizes the importance of promoting the adoption of best practices throughout the public mental health system. During SFY 2007 Division of Mental Health and Substance Abuse staff continued the implementation of an NIMH/SAMHSA funded Evidence Based Practice planning grant. This grant supported two case studies of implementation: one for medication algorithms and one for integrated treatment for dual disorders (mental health and substance abuse). Also, during the spring of SFY 2007, the EBP Advisory Group met during a retreat and developed recommendations for the Department related to implementation of evidence-based mental health practices in the public mental health system. It was recommended that peer support and integrated treatment be priorities for the Department in SFY 2008 as well as the development of a “singularly focused program, through a collaborative partnership with consumers and family members, for best practices implementation of supervision, training, and coaching that is appropriately funded”.

Data Initiatives

The Department opted to participate in the ***Other State Agency (OSA) Project*** (Second Cycle), a project funded by SAMHSA, Center for Mental Health Services, in collaboration with the NASMHPD Research Institute, Inc. A Division of Mental Health and Substance Abuse staff person has taken the lead along with the Department’s Data Infrastructure Grant coordinator to gather financial and client level data from other key state agencies that the Department collaborates with. A key facet of this initiative involves the identification of caseload overlap between the public mental health system (state hospital and community mental health) and other state agencies.

Another initiative that has involved our DIG Coordinator and Division of Mental Health and Substance Abuse staff is the ***data warehouse project***. The vision of this project is the integration of a number of key databases (including client, event and human resources data) with outcome and other data that is managed by several Divisions within the Department. A key first step is the integration of the state hospital “facility information system” with the community mental health data system.

Kentucky

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Adults with SMI Mental Health Block Grant Expenditures for SFY 07

<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
Four Rivers	Outpatient Individual Therapy		
	Adult Case Management	\$ 83,083	
		<u>\$ 53,118</u>	
	TOTAL		\$ 136,201
Pennyroyal	Consumer & Family Support	\$ 5,000	
	Crisis Services	\$ 16,500	
	Mental Health Treatment	\$ 51,500	
	Case Management & Outreach	\$ 51,500	
	Housing Options	\$ 30,000	
	Rehabilitation Services	<u>\$ 29,323</u>	
	TOTAL		\$ 183,823
River Valley	Consumer & Family Support	\$ 6,697	
	Case Management & Outreach	\$ 58,482	
	Rehabilitation Services	<u>\$ 136,264</u>	
	TOTAL		\$ 201,443
Lifeskills	Intensive Case Management	\$ 36,000	
	Supported Housing	\$ 80,025	
	Supported Employment	\$ 13,380	
	Adult Wraparound	\$ 1,030	
	Office of Consumer Advocacy	<u>\$ 79,000</u>	
	TOTAL		\$ 209,435
Communicare	Case Management & Outreach	\$ 100,000	
	Residential Support	\$ 25,000	
	Therapeutic Rehabilitation	<u>\$ 24,778</u>	
	TOTAL		\$ 149,778
Seven Counties	Case Management	\$ 322,456	
	Crisis Stabilization	\$ 73,714	
	Prison Transitional	\$ 55,000	
	Housing Development	\$ 40,582	
	Deaf and Hard of Hearing	<u>\$ 20,000</u>	
	TOTAL		\$ 511,752
North Key	Consumer Based Activities	\$ 21,479	
	Housing Support Services	\$ 175,307	
	Consumer Operated Social Support	\$ 20,000	
	Housing Developer	\$ 47,229	
	MHA Stigma Fighters	<u>\$ 24,500</u>	
	TOTAL		\$ 288,515

Adults with SMI Mental Health Block Grant Expenditures

for SFY 07 (continued)

Comprehend	In-Home Support	\$ 10,000	
	Therapeutic Rehabilitation	<u>\$ 25,731</u>	
	TOTAL		\$ 35,731
Pathways	Case Management & Outreach	\$ 124,077	
	Therapeutic Rehabilitation	<u>\$ 110,745</u>	
	TOTAL		\$ 234,822
Mountain	Targeted Case Management	<u>\$ 182,607</u>	
	TOTAL		\$ 182,607
Kentucky River	Therapeutic Rehabilitation	<u>\$ 80,045</u>	
	TOTAL		\$ 80,045
Cumberland River	Social Club Drop In	\$ 2,699	
	Outpatient Therapy	\$ 62,379	
	Case Management	\$ 43,877	
	Residential Support	\$ 29,449	
	Housing Development	\$ 4,759	
	Therapeutic Rehabilitation	\$ 108,356	
	Wraparound Services	<u>\$ 32</u>	
	TOTAL		\$ 251,551
Adanta	Peer Support	\$ 35,000	
	Rehabilitation Services	\$ 1,402	
	Case Management & Outreach	<u>\$ 88,451</u>	
	TOTAL		\$ 124,853
Bluegrass	Adult Crisis Team	\$ 129,143	
	Outreach Specialist	\$ 30,000	
	Payeeship	\$ 57,777	
	Adult Case Management	\$ 15,159	
	Supported Housing	\$ 35,310	
	Residential Support	\$ 102,111	
	Housing Development	\$ 45,356	
	Statewide Consumer Conference	\$ 11,000	
	Deaf and Hard of Hearing	<u>\$ 11,579</u>	
	TOTAL		\$ 437,435
Total Regional Boards			\$ 3,027,991

**Adults with SMI
Mental Health Block Grant Expenditures
for SFY 07 (continued)**

Other Contracts

KY Housing Authority – Housing Supports -SMI	\$	12,020	
Office of Voc. Rehab - Supported Employment SMI	\$	75,000	
Dept. of Corrections-Re-Entry Program-SMI	\$	50,000	
Sub-total other SMI			\$ 137,020

Eastern KY University Planning (Salaries & Travel) - SMI/SED	\$	135,575	
University of KY Research & Data Management Center (UK-RDMC) -SMI/SED	\$	21,971	
Sub-total other SMI/SED			\$ 157,546

State Level Projects

Adult Statewide Case Management Training - SMI	\$	9,157	
Adult MH Training - SMI	\$	9,775	
Adult Recovery Initiative - SMI	\$	8,186	
Peer Support- SMI	\$	19,445	
KY Consumer Advocacy Network -SMI	\$	235,120	
National Alliance for Mentally Ill - SMI	\$	185,580	
Mental Health and Aging - SMI	\$	11,078	
Consumer Services - SMI	\$	31,103	
Leadership Academy - SMI	\$	19,616	
Common Grounds Training Center - SMI	\$	20,699	
Statistical Analysis – SMI	\$	10,000	
Total State Level SMI			\$ 559,759

Planning Council – SMI/SED	\$	12,943	
Suicide Prevention - SMI/SED	\$	10,000	
State Level Travel – SMI/SED	\$	12,166	
Deaf and Hard of Hearing - SMI/SED	\$	42,155	
Total State Level SMI/SED			\$ 77,264

Total SMI (Regional Boards/Contracts/State Projects)			\$ 3,724,770
Total SMI/SED (Regional Boards/Contracts/State Projects)			\$ 234,810

GRAND TOTAL (Adults)			\$ 3,959,580
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Kentucky

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Child - Report Summary of Areas which the State Identified in FY 2007's Approved Plan as Needing Improvement

The following were identified as areas of focused attention for SFY 2007 regarding children with severe emotional disturbances, and their families.

1. Promote consumer and family involvement at every level of the children's system of care

During SFY 2007, Kentucky continued to promote youth and family involvement at every level of the children's system of care in the following ways:

- Contracted with the statewide child and family advocacy organization, Kentucky Partnership for Families and Children (KPFC) to further develop the infrastructure for statewide family and youth involvement in the mental health and substance abuse services arena, to provide on-site family involvement assessments, and to provide consultation to support the development of a statewide peer support network;
- Consulted with the Family Liaisons (employed by the Regional Boards) regarding the implementation of the IMPACT Outcomes Management System (e.g., attended their Peer Group meeting and facilitated discussion to educate and engage them in the data collection process and requested that they participate in focus groups to review and assist with analyzing the data at future meetings);
- Solicited youth and parent involvement on the Kentucky Mental Health Planning and Advisory Council;
- Initiated a Family Support Study in June 2007 by engaging stakeholders in a "Theory of Change" process to determine current status; and
- Initiated planning for a Leadership Academy and Peer Support Training geared towards transition age consumers. It is anticipated that this would target youth 16-30 (as companion to current academy and training for adults).

2. Develop protocol for identifying and addressing the needs of youth with co-occurring mental health and substance abuse disorders

In April 2006, the State Interagency Council (SIAC) established a multi-agency workgroup comprised of state and local representatives who were asked to explore existing data regarding youth with co-occurring mental health and substance abuse disorders. They were asked to identify pertinent statute and regulations, policy and procedures as well as resources and barriers to services and supports. Finally, they were asked to make recommendations to SIAC regarding their role and that of the Regional Interagency Councils (RIACs) in addressing the needs of these youth.

These efforts resulted in SIAC endorsement for development and implementation of a set of recommendations for ensuring that the needs of youth with co-occurring MH and SA disorders are addressed statewide.

3. Complete the implementation of the newly revised Kentucky IMPACT Outcomes Management System

After much planning and preparation, the IMPACT Outcomes Management System began conducting training sessions with the Regional Boards' IMPACT program staff in

July 2006. All 240 Service Coordinators statewide have been provided with a palm pilot to collect data using the programmed surveys. All fourteen regions were trained by April 2007.

The Department contracts with the Center for Drug and Alcohol Research, at the University of Kentucky, to support this project. There is a web site that displays information for use by the Department and the providers. <http://cdar.uky.edu/Impact>. Data is collected at intake, six months, twelve months, twenty four months and thirty six months to measure outcomes over time. Information about this project has been presented at two National Conferences in the past year.

4. Partner with Regional Boards to promote best practices and share information among stakeholders

Department staff regularly attends the Peer Group quarterly meetings of the Children's Services Directors from the fourteen Regional Boards. Information is exchanged to keep open the dialogue around the goals, activities, challenges, and barriers to moving the Children's system of care forward. A Best Practices Bulletin from the Department is distributed quarterly to a wide list serve including Regional Board management staff.

5. Partner with the Kentucky Center for Instructional Discipline to provide statewide training and technical assistance to Regional Boards' staff and local education authorities in implementing components of the three-tiered, strengths-based model Positive Behavioral Interventions and Supports (PBIS), to address mental health needs of children in school settings

The following activities occurred in State Fiscal Year 2007:

- Consulted with KyCID staff to identify appropriate roles for mental health providers and families in the PBIS model;
- Continued implementation of PBIS in schools served by KEYS;
- Collaborated with KyCID to hire KEYS-specific PBIS Coordinator to assist with PBIS implementation in KEYS schools and early childhood sites; and
- Assisted KyCID with its federal grant application to incorporate system of care and wraparound principles into the proposal.

6. Establish interagency collaboration (State Interagency Council and Department of Education) to address the transition needs of children with disabilities

During SFY 2007, Department staff attended and participated in:

- Quarterly meetings of the *Kentucky Interagency Transition Council for Persons with Disabilities*, chaired by the Kentucky Department of Education;
- Quarterly meetings of the Council's *Core Team* that provides oversight to the 11 Regional Interagency Transition Teams that are spread throughout the Commonwealth;
- Monthly meetings of the *Youth Aging Out of Foster Care Committee*, chaired by Protection and Advocacy. This past year, the committee completed a resource directory for youth transitioning from foster care entitled, *The Rest of My Life: For Youth with Disabilities in Foster Care* (<http://www.kypa.net/drupal/?q=node/696>);

- Quarterly meetings of the Kentucky Post School Outcomes (KPSO) Advisory Group. This group consists of various community partners including Education, Child Welfare, and the Office of Vocational Rehabilitation. They have partnered with the Human Development Institute and the University of Kentucky to develop the Kentucky in School Transition Survey (KISTS) for students in their last year of high school. Students complete survey to share their experiences in school and their plans for the future. In SFY 2007, the One-Year-Out Survey was developed to gather information from students about their post-school experiences one year after leaving school. It is expected information from these surveys will provide us with a picture of what post-school life is like for Kentucky youth as well as inform and improve human service systems so that students receive the most appropriate support services. (www.kypso.org)
- Collaboration with the University of Kentucky and other partners to submit a National Institute of Mental Health (NIMH) Mental Health Research Grant proposal (R34) entitled "Pathways to Successful Transitions: Examining Best Practices and Unmet Needs for Transition Age Youth with Serious Mental Health Conditions". Although not funded, this proposal increased the collaboration between these partners.

7. Support the establishment of a sustainable suicide prevention effort, focusing on basic skills for educational staff

Building on the fundamental premise that suicide prevention is everybody's business and utilizing a public health model, the Department of Mental Health and Mental Retardation has attempted to build a network of collaborative partners in order to extend the reaches of suicide awareness, prevention, intervention and postvention throughout the state.

Some the most recent collaborative networking and training efforts have included: gatekeeper trainings for Kentucky school counselors, hosting 3 QPR certifications-- Central State Hospital, Louisville, Eastern State Hospital, Lexington, and Western State Hospital--these trainings where a train the trainer training allowing thee facilities to sustain ongoing training, QPR training at the Louisville Veterans Administration Hospital; presented information on suicide awareness, intervention and postvention for Kentucky Safe Schools conference, conducted a QPR training for over 100 HANDS coordinators, provided QPR Training for Bullitt East High school staff; work has begun on initiating the Signs of Suicide curriculum into Owensboro Schools and Warren County schools.

In addition to basic trainings around prevention, the Department's suicide prevention efforts has also included the launching of a media campaign in association with National Suicide Prevention week, meeting with various stake holders in Nelson County, Bullitt County and Grant County around planting local suicide prevention coalitions; extensive postvention work has been conducted in Bullitt County--leading to the mobilization of a response team by various agencies at Bullitt East High school; a town hall meeting was held in Grant Count to supply resource information on awareness, intervention and postvention.

Finally, the Department's suicide prevention efforts are reflected in numerous interviews in both print and broadcast media; suicide prevention booth displays, along with printing and dissemination of suicide awareness/crisis hotline information.

8. Establish statewide system for measuring client perception of care for children's services.

Many Regional Boards (private, non-profit entities) have had on-going data collection for client satisfaction, using various methods and tools, over a period of years. Department staff continued to work with the Regional Boards, primarily through the meetings of the Quality Management and Outcomes Team (QMOT), to ensure that all Boards will begin using the YSS to collect client perception of care about outcomes in SFY 2007. Further discussion around adequate sampling of this measure and consistency across the state are planned. QMOT includes a variety of stakeholders including representation from the Regional Boards. There is language in the Department's 2007 contracts with the Boards requiring them to use the MHSIP Children/Family survey (YSS-F).

Kentucky

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous
FY

Child- Most Significant Events that Impacted the State in the Previous Fiscal Year

Medicaid and KCHIP

Medicaid's and KCHIP members in Kentucky were notified in May 2006 regarding changes in their healthcare benefits. The Cabinet for Health and Family Services (CHFS) is moving through major transformation of the Kentucky Medicaid program. This transformation, entitled KyHealth Choices will utilize a multifaceted approach which includes measures from Deficit Reduction Act of 2005 (DRA), as well as a variety of waivers from the Centers for Medicare and Medicaid Services (CMS). Once completed, Kentucky envisions a new Medicaid program that will improve the health status of its enrollees and ensure a continuum of care and individual choice. To accomplish this vision, Kentucky has worked in partnership with consumers, family members, advocacy organizations and providers to set two major goals:

- 1) Stretch resources to most appropriately meet the needs of members; and
- 2) Encourage Medicaid members to be personally responsible for their own health care. Currently, the Kentucky Medicaid program covers 1 out of every 2.5 births (44%) and provides health coverage to 1 out of every 3 children. At the same time, Kentucky Medicaid spends a smaller portion of its budget on administrative costs than any other state Medicaid program. Kentucky Medicaid's expenditures are consuming an ever increasing proportion of the Commonwealth's budget and currently account for approximately 22% of its annual expenditures, making it the second largest state budget item after education. Approximately 11.4% of Kentucky's state general fund dollars were expended on its Medicaid program in SFY 2005.

Currently, KCHIP eligibility is 200 percent of the federal poverty level and covers about 52,000 children. It is estimated that an additional 50,000 children are eligible for KCHIP, yet not enrolled. It is anticipated that Kentucky will file a state plan amendment including a redesign of the Kentucky Children's Health Insurance Program (KCHIP). The provision of these services may be bid out to private insurance companies to transform it from a Medicaid look-alike to a stand alone program.

Kentucky has seen significant growth in the number of Medicaid members (adults and children) with a growth rate of 29.92% over eight years. Kentucky's total population during the same period grew by just over 4%. The number of disabled members has increased every year since 1997. Children receiving services increased by 46.4% during the period, from 228,221 on June 30, 1997 to 334,134 on January 1, 2005. Kentucky is a Social Security Act Section 1634 (a) state. One consequence of this is that Supplemental Security Income (SSI) beneficiaries are automatically deemed as eligible for Kentucky Medicaid. This has a significant impact on this state's Medicaid program. In order to prepare the foundation for the major transformation identified in KyHealth Choices, significant changes to the Kentucky Medicaid infrastructure have occurred and continue to evolve.

Kentucky e-Health Network

Legislation passed in 2005 called for the creation of a secure, interoperable statewide electronic health network. This legislation created the Kentucky e-Health Network Board to oversee e-Health efforts across the state. It also established the Health Care Infrastructure Authority, a partnership of Kentucky's two major research universities (University of Kentucky and University of Louisville), to provide leadership for the Board.

The Cabinet for Health and Family Services provides support staff to the Board and also works with the Board leadership from the universities. The Kentucky e-Health Action Plan was released in April 2007 and offers recommendations for developing the e-health network in Kentucky.

Kentucky Youth First (KYF)

Kentucky was awarded a Center for Substance Abuse Treatment (CSAT) grant for \$400,000/year for three years (October 2005-September 2008)

The goals of the **Kentucky Youth First** project are:

- (1) **To enhance linkages among public and private agencies** to better identify, refer, intervene with and treat adolescents who have substance use disorders;
- (2) **To enhance training and clinical consultation supports and clear target expectations** for adolescent treatment providers by encouraging the use of best practices; and
- (3) **To provide clinicians with adolescent specific client-level data** on characteristics of adolescents entering treatment as well as follow-up outcomes on clients who have received treatment to strengthen the use of data in guiding treatment efforts and to compare outcomes for adolescents with those of adults.

Kentuckians Encouraging Youth to Succeed (KEYS)

Kentucky was awarded a Center for Mental Health Services System of Care grant for \$9.6 million over six years (October 2004-September 2010).

This project serves youth and families in Boone, Kenton, Campbell, Grant, Carroll, Pendleton, Owen and Gallatin counties with social, emotional, and/or mental health challenges, including co-occurring substance use disorders, and their families.

KEYS partners with other community agencies to provide a network of care to expand the array of mental health and substance abuse services and natural supports and goals include:

- Build a parent/family support network in the region, including the creation and maintenance of a youth council in the region;
- Implement Positive Behavioral Interventions and Supports (PBIS) in schools, which encourages mental health promotion/mental illness prevention, early identification and intervention, and long term treatment services and supports can be provided to youth in a school setting;
- Develop an Evaluation System to guide treatment planning, practice refinement, program planning and policy development; and
- Provide culturally appropriate training and educational opportunities for families and professionals in evidence-based and best practices.

Suicide Prevention Efforts

The annual Kentucky Suicide Prevention Group (KSPG) retreat was held in August 2006. At that time the group established the plan for 2007. In September 2006, KSPG coordinated a state Suicide Prevention day held in Frankfort and Senator Tom Buford and Representative Mary Lou Marzian addressed the audience as survivors of suicide and commended the group for their efforts of prevention within the state. KSPG is serving as an advisory group for three year renewable SAMHSA grant awarded to the Department to provide suicide prevention to youth in Kentucky. With the grant, a full

time marketing specialist has been hired and is working with KSPG to develop public media campaign to promote suicide prevention with youth.

During 2007, the KSPG has continued utilizing Question, Persuade, & Refer: Ask a Question, Save a Life (QPR) training to provide basic awareness and informational presentations about the signs, risk factors, and protective factors related to suicide prevention. Many Regional Board staff have received this training and there is a QPR "trained trainer" in every region of the Commonwealth.

The group has also moved forward with the plans to establish a bimonthly newsletter that is sent out to over 1,000 individuals and agencies.

Kentucky

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

**_Children with SED
Mental Health Block Grant Expenditures for SFY 07**

<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
Four Rivers	MH Intensive Treatment	\$ 67,603	
	TOTAL		\$ 67,603
Pennyroyal	Family Involvement & Support	\$ 7,000	
	MH Outpatient Treatment	\$ 23,409	
	MH Intensive Treatment	\$ 23,409	
	Service Coordination & Wraparound	\$ 23,409	
	TOTAL		\$ 77,227
River Valley	MH Outpatient Treatment	\$ 81,671	
	TOTAL		\$ 81,671
Lifeskills	MH Outpatient Treatment	\$ 89,346	
	TOTAL		\$ 89,346
Communicare	Family Involvement & Support	\$ 28,500	
	MH Outpatient Treatment	\$ 70,109	
	TOTAL		\$ 98,609
Seven Counties	MH Outpatient Treatment	\$ 159,853	
	MH Intensive Treatment	\$ 50,000	
	Systems Integration	\$ 84,700	
	Crisis Stabilization	\$ 80,000	
	Deaf and Hard of Hearing	\$ 20,000	
	TOTAL		\$ 394,553
North Key	MH Outpatient Treatment	\$ 72,294	
	TOTAL		\$ 72,294
Comprehend	MH Outpatient Treatment	\$ 54,030	
	TOTAL		\$ 54,030
Pathways	Family Involvement & Support	\$ 20,000	
	MH Outpatient Treatment	\$ 73,164	
	Mobile Crisis	\$ 75,000	
	Crisis Stabilization	\$ 109,477	
	TOTAL		\$ 277,641
Mountain	MH Outpatient Treatment	\$ 69,486	
	TOTAL		\$ 69,486
Kentucky River	Family Involvement & Support	\$ 28,904	
	TOTAL		\$ 28,904

Children with SED

Mental Health Block Grant Expenditures for SFY 07

continued

Cumberland River		\$ 19,194	
	MH Outpatient Treatment	\$ 47,989	
	MH Intensive Treatment	\$ 19,195	
	Service Coordination & Wraparound	\$ 4,798	
	Systems Integration	<u>\$ 4,798</u>	
	TOTAL		\$ 95,974
Adanta			
	MH Outpatient Treatment	<u>\$ 69,644</u>	
	TOTAL		\$ 69,644
Bluegrass			
	MH Outpatient Treatment	\$ 64,067	
	MH Intensive Treatment	\$ 43,500	
	Service Coordination & Wraparound	\$ 20,000	
	RIAC Support Grant	\$ 92,799	
	Children's Training	\$ 10,000	
	Case Management	\$ 6,127	
	Deaf and Hard of Hearing	<u>\$ 11,579</u>	
	TOTAL		\$ 248,072
Total Regional Boards			\$ 1,725,054

Other Contracts

Center for Drug & Alcohol Research - SED	\$ 135,715	
Total Other Contracts SED		\$ 135,715
Eastern Kentucky University Planning (Salaries & Travel) - SMI/SED	\$ 135,575	
University of Kentucky Research and Data Management Center (UK/RDMC) -SMI/SED	<u>\$ 21,971</u>	
Total Other Contracts SMI/SED		\$ 157,546

State Level

Children's Training - SED	\$ 8,249	
Kentucky Partnership for Families and Children (KPFC) - SED	\$ 82,487	
Opportunities for Family Leadership - SED	\$ 16,000	
Parent Advocate Mini-Grants - SED	\$ 17,892	
Total State Level SED		\$ 124,628
Planning Council - SMI/SED	\$ 12,943	
Suicide Prevention - SMI/SED	\$ 10,000	
State Level Travel - SMI/SED	\$ 12,166	
Deaf and Hard of Hearing - SMI/SED	<u>\$ 42,155</u>	
Total State Level SMI/SED		\$ 77,264

Total SED **\$ 1,985,397**

Total SMI/SED **\$ 234,810**

GRAND TOTAL **\$ 2,220,207**

The following reporting guidelines are given to the Regional Boards upon application for funds and they are requested to use these categories when reporting actual expenses at mid and year end.

Roll Up of Children's Mental Health Services for Spending Plan and Financial Implementation Report (Plan and Budget Forms 117 & 112)

Family Involvement and Support

- Paid Family Liaison(s)
- Family Involvement in Program Planning or Evaluation (travel, stipends)
- RIAC Parent Representative(s)
- Family Support Group(s)
- Youth Support Group(s)
- Family Networking and Training Opportunities
- Other, please specify

Mental Health Outpatient Treatment

- Child/Family Therapy
- Child Psychiatrist (Board Certified in Child Psychiatry)
- Off-Site Therapy Services (home, school, community)
- Early Childhood MH Services
- Medication Management

Service Coordination and Wraparound

- Targeted Case Management
- Wraparound Services
- IMPACT IFBSS Funds
- Respite

Mental Health Intensive Treatment

- After School Programs
- Specialized Summer Programs
- Substance Abuse Services/Co- Occurring MH and SA
- Intensive Group Treatment
- Intensive Outpatient
- Intensive In-Home
- Day Treatment
- Partial Hospitalization
- Therapeutic Foster Care

Systems Interface

- Physical Health Interface
- Educational/Vocational Interface (i.e., interface with schools)
- Child Welfare Interface
- Legal Interface (Courts, Juvenile Justice)
- Continuity of Care

Planning & Training **Other, Please specify**

Children's (SED) Block Grant Funding by Region & Funding Category

Region	Family and Youth Involvement and Support	MH Outpatient Treatment	MH Intensive Treatment	Service Coord. and Wraparound	Systems Integration	Other	Total
1			67,603				\$67,603
2	7,000	23,409	23,409	23,409			\$77,227
3		81,671					\$81,671
4		89,346					\$89,346
5	28,500	70,109					\$98,609
6		159,853	50,000		84,700	\$100,000*	\$394,553
7		72,294					\$72,294
8		54,030					\$54,030
9/ 10	20,000	73,164				184,477**	\$277,641
11		69,486					\$69,486
12	28,904						\$28,904
13	19,194	47,989	19,195	4,798	4,798		\$95,974
14		69,644					\$69,644
15		64,067	43,500	20,000		\$520,505***	\$248,072
Total	\$103,598	\$875,062	\$203,707	\$48,207	\$89,498	\$804,982	

*\$80,000 for Crisis Stabilization and \$20,000 for Deaf and Hard of Hearing Services.

**\$109,477 for Crisis Stabilization and \$75,000 for Mobile Crisis.

***\$11,579 for Deaf & Hard of Hearing Services, 492,799 for RIAC Support Grant, \$10,000 for Children's Training, and \$6,127 for Case Management.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	36.30	38.80	38.50	41.80	108.57
Numerator	28,737	N/A	--	N/A	--
Denominator	79,221	N/A	--	N/A	--

Table Descriptors:

Goal:	To increase access to services for adults with SMI.
Target:	Increase the percentage of adults with SMI who receive services from the Regional Boards to 38.5% in SFY 2007.
Population:	Adults with SMI
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	Penetration Rate - Adults with SMI
Measure:	Value: Percent Numerator: Number of adults with SMI served by the Regional Boards. Denominator: Number of estimated population of adults with SMI (i.e., 2.6% of the adult population) per Kentucky 2000 census (79,221).
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan and Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	The web based application would not allow entry into the numerator and denominator for 06 and 07 actuals or the percentage for 07. I requested assistance from the help desk but was not able to resolve. Numerator 06= 31,571 07= 34,233 =43% Denominator 06= 79,221 07= 79,221
Significance:	This is considered a valuable indicator of the population served and it is representative of the steady increase in demand for services on a system. It may also represent improved accuracy of the SMI markers in the MIS.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will continue to monitor penetration rates by region and develop action plans with those who fall below their targets. Access issued will also be addressed at the Quarterly Mental Health Administrators Peer Group meetings and meetings of the the Kentucky Association for Regional Programs (KARP). Continually promoting formal and informal relationships with possible referring agencies at the state and local level is also a strategy to improve access for individuals in need of services.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	17	16.70	14.50	16.86	86
Numerator	738	629	--	707	--
Denominator	4,189	3,747	--	4,194	--

Table Descriptors:

Goal:	To reduce the readmission rate within 30 days from discharge and ensure appropriate alternatives to hospitalization are available.
Target:	Decrease readmissions of adults with SMI, who had been discharged from the same facility within 30 days preceding to 14.5%.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	State Hospital Readmission for Adults with SMI/30 days
Measure:	Value: Percent Numerator: Total number of admission episodes during the reporting period in which adults with SMI had been discharged from the same facility within 30 days preceding an admission. Denominator: Total number of admissions of adults with SMI, who were served by the Regional Boards, to a state hospital (ESH, CSH, WSH, ARH) that occurred during the reporting period.
Sources of Information:	MIS for actual number served by Regional Boards and state hospitals and Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served as it is representative of the increase in demand for services from the state hospitals.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will facilitate and encourage continuity of care between inpatient and outpatient providers by participating in continuity of care meetings convened by the four state hospitals and producing a quarterly continuity of care report showing data trends. Also, the Department will focus on continuity of care issues through monitoring of the state hospitals and Regional Boards and the implementation of the Diverts Program.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved. The greater overall number of admissions to the state hospitals due in part to the closure of private psychiatric beds has negatively impacted the state hospital readmission rates.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	38.80	38.80	39	37.63	103.64
Numerator	1,453	1,456	--	1,578	--
Denominator	3,743	3,747	--	4,194	--

Table Descriptors:

Goal:	To reduce the state hospital readmission rate within 180 days from discharge and ensure appropriate alternatives to hospitalization.
Target:	Decrease hospital readmissions of adults with SMI, who had been discharged from the same facility within the preceding 180 days, to 39% in SFY 2007.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	State Hospital Readmission for Adults with SMI/180 Days
Measure:	Value: Percent Numerator: Total number of admission episodes during the reporting period in which adults with SMI had been discharged from the same facility within 180 days preceding an admission. Denominator: Total number of admissions of adults with the SMI marker, who were served by the Regional Boards to the state psychiatric hospitals (ESH, CSH, WSH, ARH) that occurred during the reporting period.
Sources of Information:	MIS for actual number served by Regional Boards and State Hospitals. Department staff sets targets based on the corresponding year's Plan and Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served and it is representative of the increase in demand for services due to closure of most private psychiatric beds for adults across the state. This indicator has been refined to Adults with SMI (instead of all clients). Further analyses of the data are planned to determine the number of individuals this high percentage of readmissions represents.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will facilitate and encourage continuity of care between inpatient and outpatient providers by participating in continuity of care meetings convened by the four state hospitals. A quarterly continuity of care report showing data trends will be distributed. Monitoring of the hospitals and Regional Boards will focus on continuity of care issues. Ongoing monitoring of the implementation of the DIVERTS Program to assure that the program has successfully reduced inpatient admissions.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	6	55	55	100
Numerator	0	6	--	N/A	--
Denominator	N/A	6	--	N/A	--

Table Descriptors:

Goal: To ensure that adults with SMI have easy and continuous access to care that offers evidence based treatments.

Target: Increase the number of evidence-based practices available to adults with SMI.

Population: Adults with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Evidence-Based practices provided by Regional Boards including:
Supported Housing;
Supported Employment;
Assertive Community Treatment;
Integrated Treatment for Mental Health and Substance Abuse;
Illness Management and Recovery;
Medication Managment; and
Family Psychoeducation

Measure: Value:Number
Total number of EBPs provided by each of the Regional Boards for adults wiht SMI. (i.e., 14 Boards with the number of EBPs that each reportedly provided in the SFY.

Sources of Information: In part, staff derives data from & create targets based upon Plan and Budget applications & knowledge of regional programming.
The SH & SE services data is from the MIS as there are event codes for these two services.

Special Issues: No codes in the data set for the majority of EBPs.
Very little fidelity measurement is in place.

Significance: All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them. This data has not historically been collected (not uniformly) to allow for comparison/trend data.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Housing (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	888	0	40	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that adults with SMI have easy and continuous access to care that offers evidence based treatments and to assure that services are being reported in accordance with standardized EBP definitions.
Target:	Increase the number of adults with SMI that receive Supported Housing services.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Supported Housing Evidence Based Practice
Measure:	Value: Number
Sources of Information:	MIS - Event Code 43
Special Issues:	This year is considered a baseline data collection year so that we can determine availability of Supported Housing services as defined by CMHS/nri and
Significance:	Adults with SMI who would benefit from Supported Housing services have a right to have it available to them. This indicator is one of the two EBPs used for performance-based contracting in KY.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS strategies to increase the number of consumers receive supported housing include: Providing training events on supportive housing; Participating in Olmstead planning activities; Providing technical assistance through referral to the Kentucky Housing Corporation's Supportive Housing Specialist.
Target Achieved or Not Achieved/If Not, Explain Why:	Completely new way of defining and tracking SH services renders target inappropriate.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Employment (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	1,446	0	552	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that adults with SMI have easy and continuous access to care that offers evidence based treatments.
Target:	Increase the number of adults with SMI that receive Supported Employment services.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Supported Employment
Measure:	Value: Number of persons with SMI receiving Supported Employment
Sources of Information:	MIS - Event Code 85
Special Issues:	
Significance:	All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them. This data has not historically been collected to allow for comparison/trend data.
Activities and strategies/ changes/ innovative or exemplary model:	The Department supports the provision of three key rehabilitative services in community programs: therapeutic rehabilitation, supported employment and supported education. KDMHMRS has an interagency agreement with the Office of Vocational Rehabilitation (OVR) using block grant funds to leverage SE services for adults with SMI. The Department also works collaboratively with the KY Business Leadership Network to increase employment opportunities through planning and participating in business forums that promote community awareness and education and the implementation of a job placement web site with adults with disabilities. Also partner with OVR and the University of KY to develop and provide SE training for MH providers statewide.
Target Achieved or Not Achieved/If Not, Explain Why:	N/A This is a baseline year for this indicator.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Assertive Community Treatment (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	96	0	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To promote provision and availability of EBPs for adults with SMI.
Target:	Increase the number of adults with SMI who receive ACT.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Evidence Based Practices - ACT
Measure:	The total number of adults with SMI receiving ACT from the Regional Boards
Sources of Information:	
Special Issues:	Currently no way to accurately capture this data
Significance:	All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will carry out activities to increase the number of persons receiving Assertive Community Treatment by: Providing training/education to the Community Support Program Directors for the Regional Boards in the Assertive Community Treatment model, with a focus on issues of model fidelity; and Providing technical assistance to the Regional Boards to assist them in conceptualizing and implementing high fidelity Assertive Community Treatment model programs through creative financing mechanisms.
Target Achieved or Not Achieved/If Not, Explain Why:	N/A Currently not able to accurately collect this data.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Family Psychoeducation (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	1,789	0	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To promote the provision and availability of EBPs for adults with SMI.
Target:	Increase the number of adults with SMI who receive Family Psychoeducation.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Evidence Based Practices - Family Psychoeducation
Measure:	The total number of adults with SMI receiving Family Psychoeducation from the Regional Boards.
Sources of Information:	Currently no means of accurately capturing this data.
Special Issues:	
Significance:	All individuals seeking services at Regional Boards have a right to have EBPs available to them.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will encourage provision of this EBP by providing training/education with the Regional Boards' Community Support Program Directors on evidence-based methodological approaches to providing Family Psychoeducation.
Target Achieved or Not Achieved/If Not, Explain Why:	N/A Currently not able to accurately collect this data.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	2,435	0	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To promote the provision and availability of EBPs for adults with SMI.
Target:	Increase the total number of adults with SMI who receive Integrated Treatment of Co-Occurring Disorders from the Regional Boards.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Evidence Based Practices - Integrated Treatment for Co-Occurring Disorders
Measure:	The total number of adults with SMI who receive Integrated Treatment for Co-Occurring Disorders from the Regional Boards.
Sources of Information:	Currently no way to accurately capture this data.
Special Issues:	
Significance:	All adults with SMI seeking services from Regional Boards have a right to have evidence-based practices available to them.
Activities and strategies/ changes/ innovative or exemplary model:	<p>A Department established workgroup has developed recommendations and strategies for improving the treatment and rehabilitation of people with co-occurring disorders. The Department has designated a full-time staff member whose primary responsibility is the promotion of integrated treatment approaches for co-occurring mental illness and substance abuse. Also, the Department will maintain a focus on co-occurring disorders in all meetings of relevant providers and constituencies, including the quarterly Community Support Program Directors meetings, Crisis Stabilization Program Directors meetings, Recovery Team meetings, and consumer and family meetings.</p> <p>Collection of data related to co-occurring treatment is a goal of the Data Infrastructure Grant staff.</p>
Target Achieved or Not Achieved/If Not, Explain Why:	N/A Currently not able to accurately collect this data.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Illness Self-Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	3,800	0	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To promote provision and availability of EBPs for adults with SMI.
Target:	Increase the number of adults with SMI who receive Illness Self Management from the Regional Boards.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Evidence Based Practices - Illness Self Management
Measure:	The total number of adults with SMI receiving Illness Self Management from the Regional Boards.
Sources of Information:	Currently no way to accurately collect this data
Special Issues:	
Significance:	All individuals seeking services at Regional Boards have a right to have EBPs available to them.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will seek to increase the number of persons receiving Illness Self-Management services by promoting availability of trainings/workshops for providers and consumers and expanding the availability of Peer Support services through training of Peer Specialists and the development of a process for certifying Peer Specialists. A focus of Peer Support is Illness Self-Management.
Target Achieved or Not Achieved/If Not, Explain Why:	N/A Currently not able to accurately collect this data.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Medication Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	1,599	0	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To promote the provision and availability of EBPs for adults with SMI

Target: Increase the number of adults with SMI who receive Medication Management from the Regional Boards.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Evidence Based Practices Medication Management

Measure: The total number of adults with SMI receiving Medication Management from the Regional Boards.

Sources of Information: Currently not able to capture this data.

Special Issues:

Significance: All individuals seeking services at Regional Boards have a right to have EBPs available to them.

Activities and strategies/ changes/ innovative or exemplary model: The Department continues to permit the use of Community Medication and Support Program funds to be used by Regional Boards for Medication Algorithms.

Target Achieved or Not Achieved/If Not, Explain Why: N//A Currently not able to accurately collect this data.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	76	70	78	69.26	88.79
Numerator	N/A	7,766	--	11,728	--
Denominator	N/A	11,078	--	16,933	--

Table Descriptors:

Goal:	To ensure that services are meeting the needs of all adults served.
Target:	Establish baseline for number of adults who report positively about treatment outcomes using standardized instrument (28 item MHSIP).
Population:	Adults served by the Regional Boards
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Perception of Care Regarding Treatment Outcomes
Measure:	Value: Percent Numerator: Total number of adults who report positively about treatment outcomes. Denominator: Total number of responses from adults on the consumer satisfaction instrument.
Sources of Information:	The information will be collected from the Regional Boards using a standardized tool (28-item MHSIP). This data is available from five (5) of the fourteen (14) Regional Boards.
Special Issues:	
Significance:	The perception of care of service outcomes, as reported by consumers, is a valuable piece of data to ensure that services are meeting the needs of those served.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS continues to work with the Quality Management & Outcomes Team (QMOT) to ensure that standardized methodology is used in administering the standardized 28-item MHSIP across all regions. Ensuring that such surveys meets the needs of the Department as well as the individual Boards requires collaboration among the Dept., the state's data collection contractee & Boards. All of these are represented on QMOT.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved. Due to new methodology of administration the results are not on target.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Employed Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	10.40	10	14	10	71.43
Numerator	3,015	2,986	--	3,276	--
Denominator	28,691	30,296	--	32,901	--

Table Descriptors:

Goal:	To provide services and supports that assist adults with SMI to seek, gain and maintain employment.
Target:	Increase percentage of adults with SMI who are employed full time from 13.5% in 2006 to 14% in 2007.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percentage of Adults with SMI Receiving Services who are employed.
Measure:	Value: Percent Numerator: Number of adults with SMI served by Regional Boards who have an employment status of "employed full time" (32 hours or more per week), employed part time (less than 32 hours per week), or in the armed forces. Denominator: Total number of adults with SMI served by the Regional Board in during the reporting period.
Sources of Information:	MIS is the source of this client demographic data. Department staff creates target based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that impact the system.
Special Issues:	More accurate data collection of this indicator may be in part a cause of discrepancies in the numbers over several years.
Significance:	This is considered a valuable indicator of the population served as a key goal for all individuals is meaningful activity during the day including employment.
Activities and strategies/ changes/ innovative or exemplary model:	Identified priorities include: • Dissemination of information about evidenced based practices including psychiatric rehabilitation and supported employment to community support program directors with stakeholder meetings established to support adoption of a consistent and effective statewide model; • Access to effective rehabilitation and supported employment training and supervision including best practices technology in community support program director meetings and the annual mental health institute; • Planning and participation in regulatory changes regarding the community mental health center regulation; • Utilizing data from the Multnomah Community Ability Scale (MCAS) for program evaluation to be distributed to the CSP directors.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved. The number of adults with SMI served in the system has been increasing while the percentage of adults employed has remained relatively steady. No significant employment initiatives nor new funding have been introduced in the past year. The SFY 2007 target, given these factors, was probably unrealistic. Coding of employment status in the client data also continues to be problematic as the field is not consistently updated when employment status changes. Most fields like this are only updated annually when all data is expected to be updated.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Homeless Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	3.20	3.50	3.50	4.20	N/A
Numerator	907	1,075	--	1,403	--
Denominator	28,739	30,499	--	33,161	--

Table Descriptors:

Goal:	Improve outreach and services to adults with SMI who are homeless.
Target:	Of the adults with SMI served by the Regional Boards in 2007, it is anticipated that 3.5% of them will be homeless.
Population:	Adults with SMI.
Criterion:	4: Targeted Services to Rural and Homeless Populations
Indicator:	Penetration Rate - Adults with SMI who are homeless.
Measure:	Value: Percent Numerator: Number of adults with SMI, served by the Regional Boards, who have living arrangement demographic field of "homeless/uninhabitable dwelling" or mission/shelter. Denominator: Number of adults with SMI served by the Regional Boards during the reporting period.
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	
Significance:	Regional Boards first reported the demographic for homelessness in 2004. The homelessness population in Kentucky is reportedly growing and national literature indicates that many of homeless individuals have unmet mental health treatment needs.
Activities and strategies/ changes/ innovative or exemplary model:	During SFY 07 KDMHMRS, through the PATH Formula Grant, supported specialized initiatives to complement the existing community support array in the three urban regions (Lexington, Louisville, and Covington) and two rural regions (Kentucky River and Adanta). PATH programs provide outreach, housing, case management and psychiatric clinic services in a large homeless shelter in Lexington. They provide outreach, housing and psychiatric clinic services and payeeship and case management services within a homeless service organization in Covington. Residential support within a transitional facility for homeless men with severe mental illness are provided in Louisville (Kentucky's largest city). In the Kentucky River region of eastern Kentucky, case management and residential supports are provided and outreach and housing support services in the Adanta Region. KDMHMRS staff and Regional MH/MR Board staff use a number of strategies to insure that individuals with serious mental illnesses who are homeless are evaluated and receive necessary services, including: Identifying individuals who have been homeless more accurately in the client data set; Providing accommodations in clinic and other program hours; Providing specialized training to case managers and clinicians; Establishing formal and informal linkages with homeless services providers; and Continued participation in local Continuum of Care meetings.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Independent Living

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	68	68	70	68	97
Numerator	19,755	20,750	--	22,529	--
Denominator	28,886	30,499	--	33,161	--

Table Descriptors:

Goal:	To promote total community integration of adults with SMI including living independently, whenever possible.
Target:	Increase percentage of adults with SMI who live independently from to 70% in SFY 2007
Population:	Adults with SMI
Criterion:	1: Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percentage of Adults with SMI receiving services who live independently.
Measure:	Value: Percent Numerator: Number of adults with SMI served by Regional Boards who are living independently. Denominator: Number of adults with SMI served by the Regional Boards.
Sources of Information:	MIS is the source of this client demographic data. Department staff creates target based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served as a key goal for all individuals is to live in preferred residential setting, which often means independently.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS strategies to increase the percentage of consumers who live independently include: <ul style="list-style-type: none">• Support the acquisition of independent housing for persons with a mental illness through collaborating with the Kentucky Housing Corporation and the Regional Boards in the KHC Safe Place initiative;• Working with KHC and nonprofit housing developers to identify and facilitate access to funding sources;• Promoting rental assistance program development;• Providing training events on supportive housing and the subsidized housing delivery system;• Participating in Olmstead planning activities; and• Providing technical assistance to local nonprofit housing developers through referral to KHC's Supportive Housing Specialist.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved, larger pool of clients served and more accurate data collection is attributed to the drop in overall percentage of SMI living independently.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Justice System

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	5.20	N/A	5	N/A	N/A
Numerator	1,489	N/A	--	N/A	--
Denominator	28,739	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that every Kentuckian has easy and continuous access to the most current treatments and best support services.
Target:	The percentage of adults with SMI involved with the justice system and who are in need of mental health services accessing services from the Regional Boards is anticipated at 5.2%.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percentage of adults with SMI receiving services who have contact with the justice system.
Measure:	Value: Percent Numerator: Number of adults with SMI served by Regional Boards who have a primary or secondary source of referral of the justice system. Denominator: Number of adults with SMI served by the Regional Boards.
Sources of Information:	MIS is the source of this client demographic data. Department staff creates target based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served as a key goal for all individuals is to live in preferred residential setting, which often means independently.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS Strategies To Address Justice Involvement for Persons with Severe Mental Illness include: • Continue to explore opportunities for shared program development in the areas of diversion and re-entry with the Kentucky Department of Corrections (KDOC) • Participate in the Re-entry efforts lead by KDOC in Northern Kentucky. • Promote the development of CIT teams statewide through collaborative meetings with the Kentucky Department of Criminal Justice Training and the Justice Cabinet.
Target Achieved or Not Achieved/If Not, Explain Why:	

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: MH funding community service

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	38	N/A	38	N/A	N/A
Numerator	48,320,878	N/A	--	N/A	--
Denominator	131,564,978	N/A	--	N/A	--

Table Descriptors:

Goal:	To promote adequate funding of the public mental health system.
Target:	It is anticipated that 38% of funding will support community based services.
Population:	Adults with SMI
Criterion:	5:Management Systems
Indicator:	Community Service Proportion of State Mental Health Funding
Measure:	Value: Percent Numerator: Mental health allocations to the Regional Boards minus the allocations for privatized state supported hospitals and personal care homes. Denominator: Total KDMHMRS mental health allocations to the Regional Boards and state personal care homes.
Sources of Information:	Allocations to each of the Regional Boards and review of their reported expenditures at year end.
Special Issues:	
Significance:	This is considered a valuable indicator of the resources available to meet an ever increasing demand for services. The amount available to serve Kentucky's adults with SMI in the community is considered inadequate to meet the need.
Activities and strategies/ changes/ innovative or exemplary model:	The obvious challenge for the Department is to maintain existing programs while Kentucky, along with most other states, face a growing crisis in state revenues. Strategies to accomplish this include: Maintaining a focus on serving those most in need while allowing greater fiscal flexibility at the regional level; Maintaining safety net services (e.g. crisis services) at the Regional level. Strategies used by the Department include; Moving toward performance based contracting to allow greater flexibility while holding Regional Boards accountable for outcomes); Moving the focus to developing effective systems of care for adults with severe mental illnesses from developing specific program interventions; Developing focused biennium budget requests that are based on a strong needs assessment, in concert with the HB 843 Commission.
Target Achieved or Not Achieved/If Not, Explain Why:	

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Older Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	20	23	21	25	119.05
Numerator	3,547	4,065	--	4,425	--
Denominator	17,496	17,496	--	17,496	--

Table Descriptors:

Goal:	To increase access to services for adults with SMI.
Target:	Increase the percentage of adults with SMI who receive services from Regional Boards.
Population:	Adults with SMI
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Penetration Rate - Older adults with SMI
Measure:	Value: Percent Numerator: Total number of adults age 60 and over, with SMI, who received services from the Regional Boards. Denominator: Total number of adults in the state age 60 and above per the 2000 census.
Sources of Information:	MIS data is used for actual numbers of adults. Department staff also utilize information provided by the Regional Boards to set targets.
Special Issues:	
Significance:	Kentucky's older adult population is the fastest growing segment of the population and older adults with SMI often do not seek the services they need.
Activities and strategies/ changes/ innovative or exemplary model:	The KDMHMRS plans to continue alliances and working relationship with agencies who serve older citizens. KDMHMRS will continue to fund the Kentucky Mental Health and Aging Coalition in order that issues/barriers related to access to services for older adults are addressed. Continuation funding for existing local coalitions in the regions will promote public education and awareness activities at the regional level. The Mental Health Planning & Advisory Council continues to have a representative from the Division from Aging Services serve as member. Participate in a new project that will offer a venue to cross train persons from the Area Agency on Aging network in mental health and substance abuse issues and Regional Community Mental Health Center to be trained on programs, services and issues relative to older adults. • Continue to work with the KERI Project in order to gather assessment data regarding needs of older adults in Kentucky.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Rural Areas

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	44	52	46	52	N/A
Numerator	15,260	17,488	--	17,291	--
Denominator	33,462	33,462	--	33,462	--

Table Descriptors:

Goal:	Ensure that Adults with SMI who reside in rural areas have access to services.
Target:	Is is anticipated that the number of adults with SMI who reside in rural areas will be approximately 46% in 2007.
Population:	Adults with SMI
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Penetration Rate - Adults with SMI who reside in rural areas of the state.
Measure:	Value: Percent Numerator: Number of adults with SMI, served by the Regional Boards, who reside in rural (non-MSA) counties. Denominator: 2.6 percent of the 2000 Kentucky adults census who reside in rural (non-MSA) counties.
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan & Budget application from the Boards and knowledge of various factors that may impact the system. U of L data is source of MSA.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served and it is representative of the steady increase in demand for services in rural areas. The targets for last year and this year are modest due to the recent changes in which counties are considered rural versus non-rural.
Activities and strategies/ changes/ innovative or exemplary model:	Action Plan: KDMHMRS will incorporate best practices in rural service delivery into existing KDMHMRS sponsored training events. Other priorities include increasing access to services by increasing transportation opportunities, increasing availability of trained treatment professionals, increasing public awareness of mental health services and increasing availability and utilization of telehealth to reduce isolation.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: State MH Expenditures

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	32.14	N/A	N/A	N/A	N/A
Numerator	131,564,978	N/A	--	N/A	--
Denominator	4,041,769	N/A	--	N/A	--

Table Descriptors:

Goal:	To assure that the recovery oriented mental health system has: an adequate number of mental health professionals; a culturally competent workforce; adequate and appropriate training of mental health professionals; and adequate financial resources.
Target:	A projection of \$32.65 is anticipated for this indicator for 2006.
Population:	Adults with SMI
Criterion:	5:Management Systems
Indicator:	Per Capita State Mental Health Expenditures
Measure:	Value: Percent Numerator: Annual KDMHMRS mental health dollars allocated to the Regional Boards, state hospitals, and personal care homes. Denominator: The Kentucky 2000 census.
Sources of Information:	Allocations as designated to each of the Regional Boards and review of their reported expenditures at year end. Not all regions have submitted their financial implementation reports in time for incorporation in this report.
Special Issues:	
Significance:	This is considered a valuable indicator of the resources available to meet an ever increasing demand for services. The amount available to serve Kentucky's adults with SED is below the national average.
Activities and strategies/ changes/ innovative or exemplary model:	The obvious challenge for the Department is to maintain existing programs while Kentucky, along with most other states, face a growing crisis in state revenues. Other challenges include: • Maintaining a focus on serving those most in need while allowing greater fiscal flexibility at the regional level; • Expecting the same level of outcomes from programs that have not had an increase in funding in a decade; and • Maintaining safety net services (e.g. crisis services) at the Regional level. Strategies used by the Department include: • Moving toward performance based contracting (allowing greater flexibility while holding Regional Boards more accountable for outcomes); • Moving the focus to developing effective systems of care for adults with severe mental illnesses from developing specific program interventions; and • Developing focused biennium budget requests that are based on a strong needs assessment, in concert with the HB 843 Commission.
Target Achieved or Not Achieved/If Not, Explain Why:	

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Targeted Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	7.50	8.30	7.70	9.10	118.18
Numerator	6,154	6,548	--	7,202	--
Denominator	79,221	79,221	--	79,221	--

Table Descriptors:

Goal:	To increase access to Targeted Case Management Services for adults with SMI.
Target:	Increase access to targeted case management provided by Regional Boards to 7.7% in SFY 2007.
Population:	Adults with SMI
Criterion:	1: Comprehensive Community-Based Mental Health Service Systems
Indicator:	Penetration Rate - Adults with SMI Receiving Targeted Case Management
Measure:	Value: Percent Numberator: Total number of unduplicated adults with SMI served by Regional Boards who received a Targeted Case Management service in the SFY. Denominator: 2.6 percent of the Kentucky adult census (2000 census).
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served and it is representative of the increase in demand for services on a system that has experienced little more than flat line funding for a number of years. It may also represent improvement in appropriate use of the SMI marker in the MIS.
Activities and strategies/ changes/ innovative or exemplary model:	Although adult case management services are available in all 120 counties in the state, access to services is inconsistent and sometimes inadequate to meet the need. The statewide average in SFY 2004 for access to targeted adult mental health case management was 7.8%, ranging from 3.8% in one region to 32% in another. KDMHMRS will use the following strategies to improve case management services • Provision of initial and ongoing technical assistance and consultation to case managers and their supervisors; • Coordination of an adult mental health case management advisory faculty to assist with case management training and curriculum development; • Sponsorship of advanced training opportunities such as the annual Case Management Level II training; and • Participation in the statewide case management work group to explore opportunities for developing and implementing new training technology; • Promotion of evidence-based or “best” practices (such as Assertive Community Treatment).
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	43.30	42	42	42	100
Numerator	21,529	N/A	--	N/A	--
Denominator	49,685	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure access to services for children with SED.
Target:	Increase access to services for children with SED from 40% (targeted) in SFY 2006 to 42% in SFY 2007.
Population:	Children with SED
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	Penetration Rate - Children with SED
Measure:	Value: Percent Numerator: Total number of children with SED served by the Regional Boards (20,910). Denominator: Five percent of the child population (under age 18) per Kentucky 2004 estimated census (49,685).
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan and Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	Although Help Desk assistance was requested, not able to enter data in the numerator and denominator above for 2006 or 2007 Numerator 06= 20,857 07= 20,910 Denominator 06 & 07 = 49,685
Significance:	This is considered a valuable indicator of the population served and it is representative of the steady increase in demand for services on a system. It may also represent improved accuracy of the SED marker being used in the MIS.
Activities and strategies/ changes/ innovative or exemplary model:	Regional Boards have developed various services to meet the needs of the community and individual children and families that they serve. Many outpatient offices offer services during late afternoon and evening hours. This will keep children who may already be struggling in school from missing instruction in order to receive therapy services. Many clinicians also provide off-site therapy to eliminate barriers such as transportation, childcare for siblings, missed work by parents, etc. Regional Board clinicians also offer more services at school, in after school daycare centers, homes, or in other community settings. It is suspected that increased crisis response services may also have increased overall census. Planners believe that continuing to offer such flexibility in service provision results in a greater number of children and youth receiving needed services. This also moves KY toward the goal of reaching children before problems are exacerbated or escalate to crisis. A continual challenge is the funding of services provided off-site. The additional costs associated with travel and off-site logistics are sometimes problematic.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Kentucky does not have any state operated psychiatric facilities for children.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Kentucky does not have any state operated psychiatric facilities for children.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	43	5	23.80	6	25.21
Numerator	6	5	--	N/A	--
Denominator	14	14	--	N/A	--

Table Descriptors:

Goal:	To ensure that all Kentucky children with SED receive the most effective services, in the least restrictive environment.
Target:	Ensure that Therapeutic Foster Care provided by the Regional Boards increases across the state with target set for 23.8% for SFY 2007.
Population:	Children with SED.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Provision of Therapeutic Foster Care (TFC) by Regional Boards.
Measure:	Value: Percent Numerator: Number of TFC programs for Children with SED across all Regional Boards (counted only once per Board.
Sources of Information:	MIS Event Data Set. TFC is code 27. Accurate historical data is limited.
Special Issues:	2006 projections cannot be compared to 2007 targets because targets were set for TFC only, not MST and FFT as had been included in SFY 2006. The expense and workforce issues are prohibitive to providing MST and FFT. However, there are other children's EPB that are being offered to children in Kentucky that are considered highly effective including Service Coordination/Wraparound, Integrated Treatment for Co-Occurring mental health and substance abuse disorders, family education and support, Cognitive Behavioral Therapy.
Significance:	Providing the services with the most evidence base is a goal for Kentucky's System of Care for children with SED, and their families.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS will continue to make efforts to educate and provide assistance to Regional Boards in offering children's EPBs. There are several ongoing initiatives to bring together Department staff and providers for discussions and decisionmaking around transforming the mental health system in Kentucky. The federal grant projects will also be instrumental in moving the system forward.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	149	306	328	313	95.43
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that all Kentucky children with SED receive the most effective services, in the least restrictive environment.
Target:	At least 328 children with SED will receive a TFC service from the Regional Boards in SFY 2007.
Population:	Children with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Evidence-Based Practices: Number of Children with SED receiving Therapeutic Foster Care from a Regional Board.
Measure:	Number: Number of unduplicated children with SED receiving TFC from the Regional Boards.
Sources of Information:	MIS data collected on the provision of TFC. Targets drawn from the Regional Boards Plan and Budget applications where they report services provided and set targets for services that they plan to provide in the next year.
Special Issues:	The majority of TFC services in Kentucky are provided by entities other than the Regional Boards.
Significance:	To ensure that children with SED receive the most effective services possible, the Regional Boards strive to conduct assessments and provide treatment that adheres to the Children's System of Care principles and that uses techniques with evidence to support their efficacy. The state is now dedicated to tracking the use of EBPs and maintaining dialogue with the Boards to achieve the most desirable outcomes for all clients served.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will continue to support the TFC programs across the state by providing technical assistance and facilitating quarterly Peer Group meetings with Program Managers. These have proven very valuable to the field for gaining information from the state level liaisons as well as from each other. A Department staff also regularly attends the TFC meetings facilitated by the Children's Alliance. The Children's Alliance is a professional organization whose membership includes the majority of the residential treatment providers across the state, including TFC providers.
Target Achieved or Not Achieved/If Not, Explain Why:	95% Achieved. There were significant changes to the interpretation of the child welfare policy as to how many children may be served in one home. In previous years, there were instances where it was permissible to serve more than one child in a TFC home, especially if sibling groups. In SFY 2007, the child welfare agency became much more strict in limiting each home to one child.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	N/A	0	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:** N/A

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	N/A	0	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To promote the provision and availability of EBPs for children with SED.

Target: Increase the number of children with SED who receive FFT from the Regional Boards.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Evidence Based Practices: FFT

Measure: Number: Total number of unduplicated children with SED who will receive FFT services from the Regional Boards.

Sources of Information: Currently not able to accurately capture this data

Special Issues: This EBP is costly and the training and on-going supervision are not feasible for all providers. Dr.Tom Sexton, from Indiana, has provided some in-depth training in Kentucky.

Significance: To ensure that children with SED receive the most effective services possible, the Regional Boards strive to conduct assessments and provide treatment that adheres to the Children's System of Care Principles and that uses techniques with evidence to support their efficacy.

Activities and strategies/ changes/ innovative or exemplary model: The Department will continue to support Regional Boards that are implementing EBPs for children with SED.

Target Achieved or Not Achieved/If Not, Explain Why: N/A Currently not able to accurately capture data.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	76	68	48	68.99	143.73
Numerator	N/A	1,296	--	3,497	--
Denominator	N/A	1,895	--	5,069	--

Table Descriptors:

Goal:	To ensure that services are meeting the needs of all children and families served.
Target:	Establish baseline for this indicator since the start of administering standardized survey tool (YSS-F).
Population:	Children/Youth and their families
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Child Client Perception of Care.
Measure:	Value: Percent Numerator: Total number of children/families who report positively about treatment outcomes. Denominator: Total number of responses on the consumer satisfaction tool regarding treatment outcomes.
Sources of Information:	Historically, data has been limited to a study conducted in 2000 & information collected from the Regional Boards in SFY 2006. For SFY 2007, half of the regions used a standardized tool but administration methodology varied.
Special Issues:	Many Regional Boards (private, non profit entities) have had on-going data collection in this area using various methods and tools over a period of years. Thus, the Department has chosen not to impose a specific method and tool abruptly.
Significance:	The perception of care as reported by consumers of services is a valuable piece of data toward ensuring that services are meeting the needs of those served.
Activities and strategies/ changes/ innovative or exemplary model:	The information will be collected from the Regional Boards. The Department will work with them through the Quality Management and Outcomes Team (QMOT) to ensure adequate sampling of this measure.
Target Achieved or Not Achieved/If Not, Explain Why:	

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children under age 6

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	1.50	1.82	100
Numerator	3,938	3,974	--	5,827	--
Denominator	320,380	320,380	--	320,380	--

Table Descriptors:

Goal:	To increase access to services for children under age six in an effort to offer early intervention and prevention services.
Target:	Child: Increase the percentage of children under age six(6)served by the Regional Boards.
Population:	Children under age 6
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Indicator: The number of children under age six served by the Regional Boards.
Measure:	Value: Percent Numerator: The total number of children under age 6 who received a MH service from the Regional Boards in the SFY (who were under age 6 at the end of the fiscal year). Denominator: The 2000 census for Kentucky's under age 6 population.
Sources of Information:	The MIS system allows us to capture the number of children served by age. The targets are created by staff based on 2007 Plan and Budget applications from the Regional Boards and knowledge of various factors that may impact the system.
Special Issues:	The Early Childhood Mental Health Program provides consultative and direct services to children under age 6 in an effort to promote mental health and provide training and support to professionals who work with young children in early care and education programs. Outreach efforts are key to reaching this population at the earliest possible stage of emotional and behavioral problems.
Significance:	Early intervention and prevention services are imperative to improving overall child health and well-being and to cost savings in the System of Care. Kentucky Tobacco Settlement funds were used to support the start of this program and data is needed to justify and sustain this funding source.
Activities and strategies/ changes/ innovative or exemplary model:	The Early Childhood Mental Health program has initiated an Outcomes Tracking System similar to the IMPACT Outcomes System in an effort to systematically collect and analyze data for this population. Using Palm pilot technology, data will provide a detailed look at the population served and will measure outcomes in a number of areas.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children's home stability

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	70	N/A	73	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	0	N/A	--	N/A	--

Table Descriptors:

Goal:	To promote stability in living environments for children with SED.
Target:	Increase to 73% the number of children who experience a stable living environment during the course of the year (includes only children for whom data is collected).
Population:	Children with SED served by IMPACT Program.
Criterion:	3:Children's Services
Indicator:	Home Stability
Measure:	Value: Percent Numerator: The total number of children in the IMPACT program who had no placement change and lived in a family setting during the year as reported on the Residential Living Environments and Placement Stability Scale (ROLES) completed by the Service Coordinator. Denominator: The total number of children served by the IMPACT program who are enrolled in the IMPACT Outcomes Management System for the SFY.
Sources of Information:	Data derived from the IMPACT Outcomes Management System (newly implemented statewide in 2007). Set targets based on corresponding year's available IMPACT data and knowledge of activities at the program level.
Special Issues:	The former IMPACT Evaluation System was completely replaced by the IMPACT Outcomes Management System and fully implemented by the end of SFY 2007. Data is limited for this first year. Also, the trend data is not valid between 2006 and 2007 but should be comparable for 2006 backwards.
Significance:	This is considered a valuable indicator of the population served and it is a key indicator of child functioning and the philosophy that all children function better in a stable environment and in a family rather than institutional setting.
Activities and strategies/ changes/ innovative or exemplary model:	Collect stability of living environment over time for children with SED served by the IMPACT program, utilizing new Palm Pilot data collection system which has a number of survey items related to living environment.
Target Achieved or Not Achieved/If Not, Explain Why:	

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Juvenile Justice

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	4.70	5.20	5.20	5	N/A
Numerator	1,003	1,090	--	1,047	--
Denominator	21,529	20,851	--	20,910	--

Table Descriptors:

Goal:	To ensure that services for children are fully integrated and holistic.
Target:	Increase the percentage of mental health referrals for children with SED who are involved with the juvenile justice system and who need mental health services from 5.0% in SFY 2006 to 5.2% in SFY 2007.
Population:	Children with SED.
Criterion:	3:Children's Services
Indicator:	Juvenile Justice Referrals - Children with SED.
Measure:	Value: Percent Numerator: The total number of children with SED who had a primary or secondary source of referral within the Justice System. Denominator: The total number of children with SED who are served by the Regional Boards during the fiscal year.
Sources of Information:	MIS data is utilized for numbers served & Dept. staff sets targets based on the Plan & Budget applications from the Boards. Data analysis from the Bristol Observatory is also used.
Special Issues:	DJJ continues to build their own capacity for serving youth with mental health issues-both assessment and treatment.
Significance:	Assessment and treatment for children involved in the justice system is paramount to addressing their mental health needs and thus lowering delinquent and criminal behavior patterns among youth.
Activities and strategies/ changes/ innovative or exemplary model:	Currently, efforts are underway to create a Memorandum of Understanding between the Regional Interagency Councils across the state with DJJ and DCBS (child welfare) to ensure that children in need of services and supports at various points along the assessment/treatment/aftercare system receive timely and effective services.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Per Capita state MH Expenditures-Child

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	374	N/A	400	367	N/A
Numerator	18,620,409	18,167,197	--	18,236,182	--
Denominator	49,685	49,685	--	49,685	--

Table Descriptors:

Goal:	To ensure that there are adequate financial, staffing, and training resources to enhance the children's system of care in the state.
Target:	To provide a slight increase in per capital funding for services to children with SED.
Population:	Children with SED.
Criterion:	5:Management Systems
Indicator:	Per Capita State Mental Health Expenditures - Restricted Children's Spending
Measure:	Value: Percent Numerator: The sum of KDMHMRS allocations to Regional Boards restricted to services for children with SED. Denominator: Five percent of the 2004 estimated Kentucky child census (993,694).
Sources of Information:	Each of the Regional Boards creates a spending plan and an (actual) spending implementation report at the beginning and the end of the fiscal year respectively. These reports are used to calculate the figures for this indicator.
Special Issues:	There is a disconnect between residential/institutional programs across the state and the community-based services network.
Significance:	This is considered a valuable indicator of the resources available to meet an ever increasing demand for services. The amount available to serve Kentucky's children is well below the national average.
Activities and strategies/ changes/ innovative or exemplary model:	The children's program staff at the Department plan to promote the efficacy of community-based services and clearly outline the needed funding to support them. Better data collection and analysis, along with collaboration with sister agencies (Medicaid and Child Welfare) will show that a strengthened emergency response services array and adequately funded and staffed community based programs is more effective and cost efficient than acute hospitalization and residential programs. Consultation recently obtained and focused requests for additional funding to support the public system are anticipated in the coming biennium.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved, the system is beyond capacity without additional funding

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SED Targeted Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	11.50	11.90	12	11.80	N/A
Numerator	5,598	5,904	--	5,838	--
Denominator	49,734	49,685	--	49,685	--

Table Descriptors:

Goal:	To ensure that all children with SED, and their families, receive the most effective services in the least restrictive environment.
Target:	Increase access to targeted case management(Service Coordination/Wraparound)provided by Regional Boards from 11.5 to 12 percent.
Population:	Children with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Penetration Rate - Children with SED receiving targeted case management (Service Coordination/Wraparound).
Measure:	Value: Percent Numerator: Unduplicated sum of children served during the SFY with an SED marker in the KDMHMRS data set who received a Regional Board Targeted Case Management (Service Coordination/Wraparound)service. Denominator: Five percent of the estimated 2004 Kentucky child census.
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	The IMPACT program, Kentucky's SC/Wraparound program is offered statewide and has a rich history of cost and treatment effectiveness. There is also a strong infrastructure in place to support it and state funds allocated to ensure flexible funding.
Significance:	This is considered a valuable indicator of the population served and it is representative of the increase in demand for services on a system that has experienced little more than flat line funding for a number of years. It may also represent improvement in appropriate use of the SED marker in the MIS.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will provide technical assistance to the IMPACT Program Directors and others within the Regional Boards to ensure that children and families in need of intensive Service Coordination/Wraparound services have access to them. The new IMPACT Outcomes Measurement System will also provide data/information for treatment and program planning.
Target Achieved or Not Achieved/If Not, Explain Why:	Nearly Achieved, suspected that workforce issues may be a factor as keeping all Service Coordinator positions filled is an ongoing struggle for many Regional Boards.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: School Attendance for children

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	75	N/A	78	73.70	N/A
Numerator	0	N/A	--	490	--
Denominator	0	N/A	--	665	--

Table Descriptors:

Goal:	To assure that children are attending and engaged in school.
Target:	Increase to 78% the number of children who are attending school greater than 90% during the year.
Population:	Children with SED.
Criterion:	3:Children's Services
Indicator:	School Attendance.
Measure:	Value: Percent Numerator: The total number of children in the IMPACT program who are attending school greater than 90% during the year as reported in the new Outcomes Management System. Denominator: The total number of children who are served by IMPACT during the year for whom the school attendance questions were completed.
Sources of Information:	Data from IMPACT Outcomes Management System using palm pilots to collect data. Targets based on the corresponding year's IMPACT data and the Plan & Budget applications from the Boards.
Special Issues:	This measure has been retained from previous years but the data collection and analysis system has been completely revised. It is anticipated that by SFY 2008, the data will be more representative of the actual population.
Significance:	This is considered a valuable indicator of the population served and it is a key indicator of child functioning and the philosophy that all children, regardless of disability are entitled to a free and appropriate education.
Activities and strategies/ changes/ innovative or exemplary model:	Implement the IMPACT Outcomes Measurement System and participate in on-going analysis to assure validity of measures.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved according to target set but with completely new system and low number of records not confident of accuracy. The 2008 data should be much improved.

Kentucky

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

Kentucky Mental Health Planning & Advisory Council

Rebecca Garrett, Chair Molly Clouse, Vice Chair Robert Hicks, Secretary
100 Fair Oaks Lane, 4E-D, Frankfort, Kentucky 40621

November 15, 2007

A. Katherine Power, M.Ed
Director, CMHS
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

Dear Ms. Power:

I am writing on behalf of Kentucky's Mental Health Planning & Advisory Council to confirm that our Council members have reviewed the 2007 Implementation Report for the Community Mental Health Services Block Grant. We allocated time at today's Council meeting to solicit additional comments before the December 1st due date. Our Council has met quarterly over the past year and several committees have been meeting throughout the year.

Recent activities of the Council include:

- The Membership Committee has selected new members and the Council has approved their membership. A workgroup is planning an Orientation for new and current members. A current member has also been paired with each new member to serve as mentors.
- The Finance Committee has defined its duties and has been meeting quarterly. The Committee has reviewed the Council expenditures for the past two years and made recommendations. The Committee is currently reviewing past, current, and future allocations of the Mental Health Block Grant.
- Based upon the Finance Committee's review of the Council budget, the Council approved the Membership Committee's recommendation to add three additional consumer and family member positions to the Council.

Thank you for the continued support of mental health block grant funds for adults with SMI and children with SED. Our Council membership is honored to serve as advisors for planning in Kentucky.

Sincerely,



Rebecca Garrett
Chair, Kentucky Mental Health Planning & Advisory Council

Cc: Michele Blevins

Kentucky

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

Comments received regarding the Implementation Report from the Planning Council:

A Council member voiced that he is pleased to have a Finance Committee to review the budget allocations and expenditures of the Block Grant.

The report looks good and we (Council members) appreciate getting drafted copies early (to review before the November 15th meeting).

Comments received by E-mail:

Public citizen asked if these funds covered services for children with autism.